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APPLICATION NUMBER	FILING OR 371(C) DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
10/647,695	08/25/2003	Cary Hata	

55714  
ST. JUDE MEDICAL, ATRIAL FIBRILLATION DIVISION  
Legal Department  
One St. Jude Medical Drive  
St. Paul, MN 55117-9913

**CONFIRMATION NO. 2475**  
**POA ACCEPTANCE LETTER**



Date Mailed: 06/02/2011

**NOTICE OF ACCEPTANCE OF POWER OF ATTORNEY**

This is in response to the Power of Attorney filed 05/25/2011.

The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.

/atesfai/

Office of Data Management, Application Assistance Unit (571) 272-4000, or (571) 272-4200, or 1-888-786-0101